

Mail Stop RCE TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number 10/792,180
		Filing Date March 3, 2004
		Confirmation Number 4931
		Inventor(s) RUSSELL
		Group Art Unit 2884
Express Mail Label No.: EV 196252845 US		Examiner Taningco, M.
Total Number of Pages in This Submission: 7		Attorney Docket No. 02-68

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input checked="" type="checkbox"/> Fee Attached \$ 790.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: 1384	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: June 6, 2006 (one month extended)

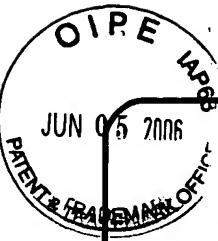
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	June 5, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:
Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: June 5, 2006,
Express Mail Label No. EV 196252845 US.

Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature		Date	June 5, 2006



JUN 05 2006

FEE TRANSMITTAL

(Effective 12/08/2004)

"Express Mail" Label No. EV 196252845 US

TOTAL AMOUNT OF PAYMENT \$ 910.00

Application Number	10/792,180
Filing Date	March 3, 2004
First Named Inventor	RUSSELL
Confirmation Number	4931
Group Art Unit	2884
Examiner's Name	Taningco, M.
Attorney Docket No.	02-68

METHOD OF PAYMENT					FEE CALCULATION (continued)																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 50-0558</p> <p>Deposit Account Name Respirronics, Inc.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17, 1.19 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p>					<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).</p> <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td>(round up to a whole number)</td> <td>X 250 =</td> <td>0.00</td> </tr> </tbody> </table> <p>4. 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<p>2. <input checked="" type="checkbox"/> Payment Enclosed: Check (Check No. 1384)</p> <p>FEE CALCULATION (fees effective 12/08/2004)</p> <p>1. BASIC FILING, SEARCH, AND EXAM FEES</p> <p>(Large Entity Only)</p> <table border="1"> <thead> <tr> <th>Appn. Type</th> <th>Filing Fee(\$)</th> <th>Search Fee(\$)</th> <th>Exam Fee(\$)</th> <th>Fees Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>500</td> <td>200</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>130</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>300</td> <td>160</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>500</td> <td>600</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>\$ 0.00</td> </tr> </tbody> </table> <p>2. CLAIMS</p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>— * 50 =</td> <td></td> </tr> <tr> <td>Ind. Claims</td> <td>— * 200 =</td> <td></td> </tr> <tr> <td colspan="3">Multiple Dependent Claims add 360 =</td> </tr> </tbody> </table> <p>* Enter Highest Number Previous Paid For</p> <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 50</td> <td>2202 25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 360</td> <td>2203 180</td> <td>Multiple dependent claim</td> </tr> <tr> <td>1204 200</td> <td>2204 100</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>1205 50</td> <td>2205 25</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3">SUBTOTAL (2) \$ 0.00</td> </tr> </tbody> </table>					Appn. Type	Filing Fee(\$)	Search Fee(\$)	Exam Fee(\$)	Fees Paid	Utility	300	500	200		Design	200	100	130		Plant	200	300	160		Reissue	300	500	600		Provisional	200	0	0		SUBTOTAL (1)				\$ 0.00	Extra Claims	Fee from Below	Fee Paid	Total Claims	— * 50 =		Ind. Claims	— * 200 =		Multiple Dependent Claims add 360 =			Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	1202 50	2202 25	Claims in excess of 20	1201 200	2201 100	Independent claims in excess of 3	1203 360	2203 180	Multiple dependent claim	1204 200	2204 100	Reissue independent claims over original patent	1205 50	2205 25	Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) \$ 0.00																																																																																																			
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SUBMITTED BY

Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature		Date	June 5, 2006	Deposit Account Number	50-0558



Certificate of Mailing by "Express Mail"

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June 5, 2006

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Michael W. Haas

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